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II

110TH CONGRESS
1ST SESSION

S. 2065

To provide assistance to community health coalitions to increase access to and improve the quality of health care services.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 18, 2007

Mrs. MURRAY introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide assistance to community health coalitions to increase access to and improve the quality of health care services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Coalitions
5 for Access and Quality Improvement Act of 2007”.

6 **SEC. 2. PURPOSE.**

7 Is it the purpose of this Act to provide assistance to
8 community health coalitions (as defined in section (c)(1))
9 that have a clearly defined local need to increase access

1 to and improve the quality of health care services through
2 activities that—

3 (1) develop or strengthen the coordination of
4 services to allow all individuals, including uninsured
5 and low-income individuals, to receive efficient and
6 higher quality care and to gain entry into and re-
7 ceive services from a comprehensive system of med-
8 ical, dental, pharmaceutical, and behavioral health
9 care;

10 (2) develop efficient and sustainable infrastruc-
11 ture for a healthcare delivery system characterized
12 by effective collaboration, information sharing, and
13 clinical and financial coordination among all types of
14 providers of care in the community; and

15 (3) develop or strengthen activities related to
16 providing coordinated care for individuals with
17 chronic conditions.

18 **SEC. 3. COMMUNITY COALITIONS FOR ACCESS AND QUAL-**
19 **ITY IMPROVEMENT.**

20 (a) **GRANTS TO STRENGTHEN THE EFFECTIVENESS,**
21 **EFFICIENCY, AND COORDINATION OF SERVICES.**—The
22 Secretary of Health and Human Services (referred to in
23 this section as the “Secretary”) shall award grants to eli-
24 gible entities assist in the development of integrated health

1 care delivery systems to serve defined communities of indi-
2 viduals to—

3 (1) improve the efficiency of and coordination
4 among the providers providing services through such
5 systems;

6 (2) assist local communities in developing pro-
7 grams targeted toward preventing and managing
8 chronic diseases; and

9 (3) expand and enhance the services provided
10 through such systems.

11 (b) ELIGIBLE ENTITIES.—To be eligible to receive a
12 grant under this section, an entity shall—

13 (1) represent a balanced consortium—

14 (A) whose principal purpose is to assure
15 the sustainable capacity for the provision of a
16 broad range of coordinated services for all resi-
17 dents within a community defined in the enti-
18 ty's grant application as described in paragraph
19 (2); and

20 (B) that includes at least one of each of
21 the following providers that serve the commu-
22 nity (unless such provider does not exist within
23 the community, declines or refuses to partici-
24 pate, or places unreasonable conditions on their
25 participation)—

1 (i) a federally qualified health center
2 (as defined in section 1861(aa) of the So-
3 cial Security Act (42 U.S.C. 1395x(aa)));;

4 (ii) rural health clinics and rural
5 health networks (as defined in section
6 1861(aa) of the Social Security Act (42
7 U.S.C. 1395x(aa)));;

8 (iii) a hospital with a low-income utili-
9 zation rate that is greater than 25 percent
10 (as defined in section 1923(b)(3) of the
11 Social Security Act (42 U.S.C. 1396r-
12 4(b)(3))), or a Critical Access Hospital (as
13 defined in section 19(c)(2) of such Act (42
14 U.S.C. 1395i-4(e)(2)));;

15 (iv) a public health department; and

16 (v) an interested public or private sec-
17 tor health care provider or an organization
18 that has traditionally served the medically
19 uninsured and low-income individuals; and

20 (2) submit to the Secretary an application, at
21 such time, in such manner, and containing such in-
22 formation and the Secretary may require, includ-
23 ing—

1 (A) a clear description of the community to
2 be served and access, quality, and efficiency
3 outcomes to be achieved under the grant;

4 (B) a description of the providers who will
5 participate in the community coalition under
6 the grant and each provider's contribution to
7 the care of individuals in the community;

8 (C) a description of the activities that the
9 applicant and the community coalition propose
10 to perform under the grant to further the objec-
11 tives of this section;

12 (D) evidence demonstrating that the appli-
13 cant is an established coalition with an ability
14 to build on the current system for serving the
15 community by involving providers who have tra-
16 ditionally provided a significant volume of care
17 for uninsured and low-income individuals for
18 that community;

19 (E) evidence demonstrating the coalition's
20 ability to develop coordinated systems of care
21 that either directly provide or ensure the
22 prompt provision of a broad range of high qual-
23 ity, accessible services, including, as appro-
24 priate, primary, secondary, and tertiary services
25 as well as pharmacy, substance abuse, behav-

1 ioral health and oral health services, in a man-
2 ner that assures continuity of care in the com-
3 munity;

4 (F) evidence of community involvement, in-
5 cluding the business community, in the develop-
6 ment, implementation, and direction of the sys-
7 tem of care that the coalition proposes to as-
8 sure;

9 (G) evidence demonstrating the coalition's
10 ability to ensure that participating individuals
11 are enrolled in health care coverage programs,
12 both public and private, for which the individ-
13 uals are eligible;

14 (H) a plan for leveraging other sources of
15 revenue, which may include State and local
16 sources and private grant funds, and inte-
17 grating current and proposed new funding
18 sources in a manner to assure long-term sus-
19 tainability of the system of care;

20 (I) a plan for the evaluation of the activi-
21 ties carried out under the grant, including
22 measurement of progress toward the goals and
23 objectives of the program and the use of evalua-
24 tion findings to improve system performance;

1 (J) evidence demonstrating fiscal responsi-
2 bility through the use of appropriate accounting
3 procedures and management systems;

4 (K) evidence demonstrating commitment to
5 serve the community without regard to the abil-
6 ity of an individual or family to pay by arrang-
7 ing for or providing free or reduced charge care
8 for the poor; and

9 (L) such other information as the Sec-
10 retary may require.

11 (c) LIMITATIONS.—The term of an initial grant to
12 an eligible entity under this section shall be 3 fiscal years.
13 An entity may receive an extension for 2 additional years
14 if—

15 (1) the eligible entity submits to the Secretary
16 a request for a grant for such additional period;

17 (2) the Secretary determines that current per-
18 formance justifies the granting of such an extension;
19 and

20 (3) the Secretary determines that granting such
21 extension is necessary to further the objectives de-
22 scribed in subsection (a).

23 (d) PRIORITIES.—In awarding grants under this sec-
24 tion, the Secretary—

1 (1) may provide priority to applicants that dem-
2 onstrate the greatest extent of unmet need in the
3 community to be served for a more coordinated sys-
4 tem of care; and

5 (2) shall provide priority to applicants that best
6 promote the objectives of this section, taking into
7 consideration the extent to which the applicant—

8 (A) identifies a community whose geo-
9 graphical area has a high or increasing percent-
10 age of individuals who are uninsured or low-in-
11 come;

12 (B) demonstrates that the applicant has
13 included in its community coalition providers,
14 support systems, and programs that have a tra-
15 dition of serving individuals and families in the
16 community who are uninsured or earn below
17 200 of the Federal poverty level;

18 (C) demonstrates that the proposed coali-
19 tion activities would expand the utilization of
20 preventive and primary care services for unin-
21 sured and underinsured individuals and families
22 in the community, including pharmaceuticals,
23 behavioral and mental health services, oral
24 health services, or substance abuse services;

(D) proposes approaches that would improve coordination between health care providers and appropriate social service providers;

(E) demonstrates collaboration with State and local governments;

(F) demonstrates that the applicant makes use of non-Federal contributions to the greatest extent possible; or

(G) demonstrates the likelihood that the proposed activities will lead to sustainable integrated delivery systems as additional efforts of health systems development evolve.

(e) USE OF FUNDS.—

(1) USE BY GRANTEES.—

(A) IN GENERAL.—Except as provided in paragraphs (2) and (3), a grantee shall use amounts provided under this section only for—

(i) direct expenses associated with achieving the greater integration of a health care delivery system so that the system either directly provides or ensures the provision of a broad range of culturally competent services, including, as appropriate, primary, secondary, and tertiary care as well as oral health, substance

1 abuse, behavioral and mental health, and
2 pharmaceutical services; and

3 (ii) direct patient care and service ex-
4 pansions to fill identified or documented
5 gaps within an integrated delivery system.

6 (B) SPECIFIC USES.—Upon compliance
7 with subparagraph (A) a grantees may use
8 amounts provided under this section for the fol-
9 lowing:

10 (i) To provide increases in outreach
11 activities and to close gaps in health care
12 service, including referrals to specialty
13 services and prescription drugs and con-
14 ducting ongoing outreach to health dis-
15 parity populations.

16 (ii) To make improvements to care
17 management and delivery of patient-cen-
18 tered care, including patient navigation
19 services.

20 (iii) To make improvements to coordi-
21 nate transportation to health care facili-
22 ties.

23 (iv) The development of provider net-
24 works and other innovative models to en-
25 gage physicians in voluntary efforts to

1 serve the medically underserved within a
2 community.

3 (v) Recruitment, training, and com-
4 pensation of necessary personnel.

5 (vi) The acquisition of technology for
6 the purpose of coordinating care and im-
7 proving provider communication, including
8 the implementation of shared information
9 systems or shared clinical systems.

10 (vii) The development of common
11 processes such as mechanisms for deter-
12 mining eligibility for the programs pro-
13 vided through the system, common identi-
14 fication cards, sliding scale discounts, and
15 the monitoring and tracking of outcomes.

16 (viii) The development of specific pre-
17 vention and disease management tools and
18 processes.

19 (ix) Language access services.

20 (x) The facilitation of the involvement
21 of community organizations to provide bet-
22 ter access to high quality health care serv-
23 ices to individuals at risk for, or who have,
24 chronic diseases or cancer.

(xi) Helping patients overcome barriers within the health care system to ensure prompt diagnostic and treatment resolution of an abnormal finding of cancer or chronic disease.

(2) DIRECT PATIENT CARE LIMITATION.—Not to exceed 20 percent of the amounts received under a grant under this section may be used for providing direct patient care and services.

(3) RESERVATION OF FUNDS FOR NATIONAL PROGRAM PURPOSES.—The Secretary may use not to exceed 7 percent of the amount appropriated to carry out this section each fiscal year to enter into contracts with an organization that has expertise in facilitating peer to peer technical assistance among grantees, to obtain assistance of experts and consultants, to hold meetings, to develop tools, to disseminate information, to demonstrate access, quality and efficiency outcomes for sustainability, and for evaluations.

(f) REQUIREMENTS.—

(1) EVALUATION OF EFFECTIVENESS.—An entity that receive a grant under this section shall annually submit to the Secretary a report concerning—

(A) the progress made in meeting the goals and measurable objectives set forth in the grant application submitted by the entity under subsection (b);

(B) the extent to which activities carried out by the entity under the grant have—

(i) improved the effectiveness, efficiency, and coordination of services for uninsured and low-income individuals in the community served by such entity, using commonly accepted outcome measures;

(ii) resulted in the provision of better quality health care for individuals and families in the community served; and

(iii) resulted in the provision of health care to such individuals at lower cost than would have been possible in the absence of the activities conducted by such entity; and

(C) the findings of an independent financial audit conducted on all records that relate to the disposition of funds received under the grant.

(2) PROGRESS.—The Secretary may not renew a grant under this section unless the Secretary determines that the coalition has made reasonable and

1 demonstrable progress in meeting the goals and ob-
2 jectives set forth in the grant application for the
3 preceding fiscal year.

4 (g) MAINTENANCE OF EFFORT.—With respect to ac-
5 tivities for which a grant under this section is authorized,
6 the Secretary may award such a grant only if the applicant
7 and each of the participating providers agree that the
8 grantee and each such provider will maintain its expendi-
9 tures of non-Federal funds for such activities at a level
10 that is not less than the level of such expenditures during
11 the fiscal year immediately preceding the fiscal year for
12 which the applicant is applying to receive such grant.

13 (h) TECHNICAL ASSISTANCE.—The Secretary may,
14 either directly or by grant or contract, provide any entity
15 that receives a grant under this section with technical and
16 other nonfinancial assistance necessary to enable the enti-
17 ty to comply with the requirements of this section. The
18 purposes of this section may be achieved by grant or con-
19 tract with State and national not-for-profit organizations
20 with expertise in building successful community coalitions.

21 (i) EVALUATION OF PROGRAM.—Not later than Sep-
22 tember 30, 2012, the Secretary shall prepare and submit
23 to the appropriate committees of Congress a report that
24 describes the extent to which projects funded under this
25 section have been successful in improving the effective-



ness, efficiency, and coordination of services in the communities served by such projects, including whether the projects resulted in the provision of better quality health care for such individuals, and whether such care was provided at lower costs than would have been provided in the absence of such projects.

(j) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section—

- (1) \$75,000,000 for fiscal year 2008;
- (2) \$100,000,000 for fiscal year 2009;
- (3) \$125,000,000 for fiscal year 2010;
- (4) \$150,000,000 for fiscal year 2011; and
- (5) \$175,000,000 for fiscal year 2012.

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